

215037835
60604

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

| | | | | | | | |
|--|--------------------------|--|---------------------------|---|---|--|---------|
| 2 | Total Number of Vehicles | Local No./ District 24 | Agency Case No. B5-086261 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 | |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 09/17/2015 | | TIME OF ACCIDENT 1123 | STATE USE ONLY | | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1126 | 09/17/2015 | | |
| B | 82 | ROAD ON WHICH ACCIDENT OCCURRED | | STREET/ HIGHWAY NO. 16/ VINE | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | LATITUDE | |
| C | 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LONGITUDE | |
| D | 2 | IF AT INTERSECTION | | IF NOT AT INTERSECTION | | | |
| V1/M | 03 | NAME OF INTERSECTING ROADWAY | | | | | 16/VINE |
| V2/M | 01 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| E | 1 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| F | 1 | VEHICLE NO. 1 | | | | | |
| V1/N | 2 | DRIVER LICENSE NO. | H13781271 | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE | |
| V2/N | 2 | DRIVER | LIHUA LUO | PHONE | 402-580-3386 | LOCAL NO. | |
| G | 3 | DRIVER ADDRESS | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) | 01/15/1995 | V1/1 18 | |
| H | 2 | OWNER | LIHUA LUO | PHONE | 402-580-3386 | V1/2 | |
| V1/O | 2 | OWNER ADDRESS | CITY, STATE, ZIP | CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO. LB483879 | V1/3 | |
| V2/O | 2 | LICENSE PLATE | PA NO. TWH358 | YEAR (Plate Expires) | 2016 | STATE (Of Plate) NE | |
| I | 1 | VEHICLE | 2010 Volkswagen CCS | BODY STYLE | 4 door Sedan | COLOR black | |
| V1/P | 1 | VEHICLE ID NO. (VIN) | WVWML7AN6AE519103 | ESTIMATED DAMAGE | <input type="radio"/> TOALED \$ 1500 | | |
| V2/P | 1 | TOWED TO | TOWED BY | INSURANCE COMPANY | FARM BUREAU | | |
| J | 01 | POLICY NO. | 1990094 | VEHICLE NO. 2 | | | |
| V1/Q | 4 | DRIVER LICENSE NO. | G16009236 | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE | |
| V2/Q | 4 | DRIVER | LAURIE R WATSON | PHONE | 402-601-2373 | LOCAL NO. | |
| K | 02 | DRIVER ADDRESS | CITY, STATE, ZIP | DATE OF BIRTH (MM / DD / YYYY) | 01/15/1967 | V2/1 18 | |
| L | 01 | OWNER | CITY OF LINCOLN | PHONE | 402-441-7185 | V2/2 | |
| M | 01 | OWNER ADDRESS | CITY, STATE, ZIP | CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO | CITATION NO. | V2/3 | |
| N | 01 | LICENSE PLATE | GM NO. 32536 | YEAR (Plate Expires) | | STATE (Of Plate) NE | |
| O | 01 | VEHICLE | 2014 | MAKE | XN3 | BODY STYLE Bus (seats 9-11) | |
| P | 01 | VEHICLE ID NO. (VIN) | 5FYC8KB03EB046173 | COLOR | red | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000 | |
| Q | 01 | TOWED TO | TOWED BY | INSURANCE COMPANY | CITY OF LINCOLN | | |
| R | 01 | POLICY NO. | SELF | VEHICLE NO. 2 | | | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | DATE OF BIRTH (MM / DD / YYYY) | 1 2 3 4 5 | SEX M F | |
| VEH. # | NAME | ADDRESS | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| VEH. # | NAME | ADDRESS | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| VEH. # | NAME | ADDRESS | LOCAL NO. | MEDICAL FACILITY NAME | EMS SERVICE NAME | EMS RUN REPORT NO. | |

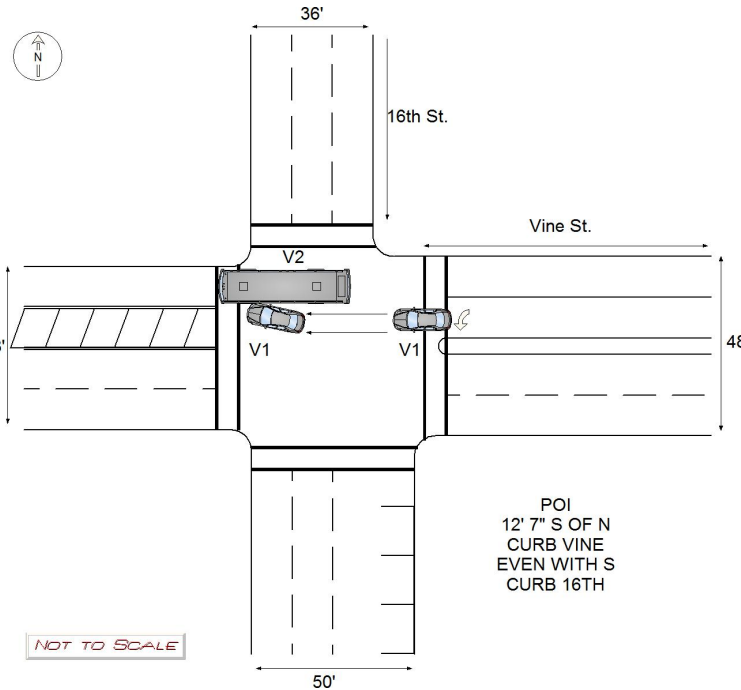
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086261



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was WB on Vine in inside lane. It proceeded through the intersection WB and tried merging into the outside lane striking v2. There is a sign at mid block that shows the inside lane WB is for turning traffic only and the outside lane is the through lane. Driver V1 said he tried to merge lanes but stopped and v1 still went by and hit him. Driver V1 insisted there was no sign to explain he was not in a through lane. (Not the case this officer checked) Driver V2 said she was stopped at the light and when it turned green and she took off she felt like V1 had tried to race forward and get ahead of her.

| | | | | | |
|------------------|----------------|------------|---------|-------|-------------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | | | | PHONE |
| | NAME | | | | PHONE |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i> | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | | | |
|-----------------------------------|----|----------------------------------|---|--|----------------------|----------------------|--|---------------------------|---|-------------------------|---|-----------------|---|--|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | | | | | | | |
| 1 | | | | X | VINE | | | | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4</div> </div> | | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div> | | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> </div> | | |
| 2 | | | | X | VINE | | | | | | | | | | |
| 1 | 03 | 06 Turning left | | | | VEHICLE 1 | | VEHICLE 2 | | | | | | | |
| 2 | 01 | 08 Entering traffic lane | | | | POINT OF IMPACT | | POINT OF IMPACT | | | | | | | |
| | | 09 Leaving traffic lane | | | | MOST DAMAGED AREA | | MOST DAMAGED AREA | | | | | | | |
| | | 10 Parked | | | | 02 | | 07 | | | | | | | |
| | | 11 Slowing or stopped in traffic | | | | 00 None | | 01 | | | | | | | |
| | | 12 Other | | | | 09 Top & windows | | 02 | | | | | | | |
| | | 13 Unknown | | | | 10 Undercarriage | | 03 | | | | | | | |
| | | | | | | 11 Total (all areas) | | 04 | | | | | | | |
| | | | | | | 12 Other | | 05 | | | | | | | |
| | | | | | | | | 06 | | | | | | | |
| | | | | | | | | 07 | | | | | | | |
| | | | | | | | | 08 | | | | | | | |

| | | | |
|--|-------------------------------|---|---|
| OFFICER NO. 1438 | TROOP/ TEAM/ BEAT 7 | DEPARTMENT Lincoln Police Department | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type) Jesse Hilger | | INVESTIGATOR SIGNATURE Approved by Officer Jesse Hilger | |
| DATE OF REPORT 09/17/2015 | | | |

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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

| | | | | | | | | | |
|--|--|--|--|---|---|---|----------------------------|--|-------------------------------------|
| LOCAL NO./DISTRICT 24 | | DATE OF ACCIDENT 09/17/2015 | | COUNTY Lancaster | | CITY Lincoln | | STATE USE ONLY | |
| AGENCY CASE NO. B5-086261 | | OCCURRED ON HIGHWAY/ROAD/STREET 16/ VINE | | | | | | | |
| TRUCK / BUS - 1 | | | | | | | | | |
| DRIVER (Print or type full name) LAURIE R WATSON | | | | | CARRIER IDENTIFICATION 1 U.S. DOT 1 ICC MC | | | | |
| CARRIER NAME (Print or type full name) STARTRAN | | | | | GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs. | | | | |
| CARRIER ADDRESS (Street or R.F.D.) 710 J, LINCOLN, NE 67508 | | | | | CITY, STATE, ZIP | | | | |
| TRAILER LICENSE PLATE No. 32536 | | Year | | State | | NE | | | |
| COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input checked="" type="checkbox"/> Not Applicable | | TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) | | DRIVER'S LICENSE CLASS CODE A <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> | | VEHICLE CONFIGURATION (Check one) 2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR) | | CARGO BODY TYPE (Check one) 1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown | |
| HAZARDOUS MATERIAL INVOLVED Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____ Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | | | | BUS USE 1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 4 <input type="checkbox"/> School Bus 5 <input checked="" type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other | | | | |
| TRUCK / BUS - 2 | | | | | | | | | |
| DRIVER (Print or type full name) | | | | | CARRIER IDENTIFICATION 1 U.S. DOT 1 ICC MC | | | | |
| CARRIER NAME (Print or type full name) | | | | | GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers) <input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs. | | | | |
| CARRIER ADDRESS (Street or R.F.D.) | | | | | CITY, STATE, ZIP | | | | |
| TRAILER LICENSE PLATE No. | | Year | | State | | | | | |
| COMMERCE CLASSIFICATION (Check one) 1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable | | TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify) | | DRIVER'S LICENSE CLASS CODE A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> | | VEHICLE CONFIGURATION (Check one) 2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR) | | CARGO BODY TYPE (Check one) 1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown | |
| HAZARDOUS MATERIAL INVOLVED Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____ Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | BUS USE 1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 4 <input type="checkbox"/> School Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other | | | | |
| INVESTIGATOR NAME (Print or type) Jesse Hilger | | INVESTIGATOR SIGNATURE Approved by Officer Jesse Hilger | | | DEPARTMENT Lincoln Police Department | | OFFICER NO. 1438 | | DATE OF REPORT 09/17/2015 |